

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	NK	983	5/1/01
RESPONSE FORMALITY REVIEW	PM	981	28-03-01

4-2-01

INDEX OF CLAIMS

✓ Rejected N
 " Allowed I
 - (Through numeral)..... Canceled A
 + Restricted O
 BEST AVAILABLE COPY

Claim	Date
Final Original	
1	11-7-03
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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